

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-019450

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 73

Primary Registration District No. 5291

Registrar's No. 58

STATE FILE NUMBER

63-019450

1. PLACE OF DEATH

a. COUNTY Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Liberty

Length of stay in 1b

1 YEAR

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION I.O.O.F. Home

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Clay

c. CITY OR TOWN Holt

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

B.R.

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Zack

Middle

Robeson

Last

4. DATE OF DEATH

Month

Day

Year

May

19, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5/8/1887

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months Days Hours Min.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Kearney Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William Robeson

13b. MOTHER'S MAIDEN NAME

Elvira Reames

14. NAME OF HUSBAND OR WIFE

Elizabeth Barr

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

William D. Robeson, Holt, Missouri

18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

INTERVAL BETWEEN
ONSET AND DEATH

5-6 wks.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b) Urinary bladder obstruction

1 yr.

DUE TO (c) Carcinoma of prostate

3-4 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Cerebral hemorrhage, senility & malnutrition.

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour s.m. p.m. Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan-18-1963 to May-19-1963 and last saw him alive on May-18-1963
Death occurred at 7:25 A.M. May-19-63 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

10 W. Kansas Liberty, Mo.

22c. DATE SIGNED

5-20-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

5/21/1963

23c. NAME OF CEMETERY OR CREMATORY

Bethel

23d. LOCATION (City, town, or county)

Rural Kearney, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Fry Funeral Home, Kearney, Missouri

25. DATE RECD. BY LOCAL REG.

5-23-63

26. REGISTRAR'S SIGNATURE

Mabel Graham

USE BLACK INK
OR
TYPEWRITER RIBBON

SHOULD READ

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

as by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Ralph Van Lankingham

Licensed Embalmer No.

4999

Chesler Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.